

**AUTHORIZATION FOR DIRECT DEPOSIT  
OF KTRS ANNUITIES**

**Kentucky Teachers' Retirement System  
479 Versailles Road  
Frankfort, Kentucky 40601-3800  
PH: (502) 848-8500 FAX: (502) 573-0199**

**SECTION I**

**Member is to complete items A through F**

A. Name of Recipient (Person receiving annuity)

B. Recipient's Social Security Number

C. Recipient's Mailing Address

D. Recipient's Telephone Number

( )

*Place an "X" in this box if this is the address to which you want all future KTRS (except regular monthly annuities) correspondence mailed.*

E. Type and Number of Depositor Account to be Credited

Enter "C" if Checking Account  
or "S" for Savings Account

Depositor  
Account Number

F. (Signature of recipient) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, authorize and request KTRS to direct the net amount of the above monthly annuity to my account indicated at the financial institution designated in Section III

**SECTION II Complete this section if the recipient named in Item A is NOT the member who worked for and contributed to KTRS. If inapplicable, forward this authorization to your financial institution.**

G. Member's Name (Person who contributed to the system)

H. Member's Social Security Number

I. Name of Parent, Guardian, Power of Attorney, etc.

J. Telephone Number of Parent, Guardian, Power of Attorney, etc. ( )

**SECTION III Your Financial Institution is to complete the information requested below.**

We, the below designated financial institution, hereby agree to receive and accept full responsibility for depositing monthly annuity checks to the account number shown for the above named recipient. We understand that in the event of death of the above named recipient, we are to notify Kentucky Teachers' Retirement System.

Routing Number

Check Digit

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Depositor Account Title

Branch Designation if applicable

Name and Address of Financial Institution

Date of Signature

**Type and Number of Depositor Account to be Credited**

Enter "C" if Checking Account  
or "S" for Savings Account

Depositor  
Account  
Number

as to be coded for EFT\*

Telephone Number

Name of Financial Institution Officer

Title

Signature of Financial Institution Officer

# INSTRUCTIONS

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**IMPORTANT** - This form is to be used **ONLY** for retirement annuity payments.

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If you wish your monthly annuity to be sent to your financial institution for deposit to your savings or checking account, both you and the financial institution must complete this form to authorize this action. The financial institution may be any bank, savings and loan association, or similar institution. If you do not have an account with one of these institutions and wish on, contact the financial institution of your choice.

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**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.  
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOU ACCOUNT!**

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## RECIPIENT FORM COMPLETION INSTRUCTIONS

### SECTION I

**Retired Members need only to complete section I**

- ITEM A Print the name of the person to whom the payment is made. Do not put the name of parent, guardian, power of attorney, etc. in this area.
- ITEM B Print the Social Security number of the recipient who is receiving the monthly annuity.
- ITEM C Print the mailing address of the recipient named in Item A. Provide a complete mailing address including zip code. If an "X" is placed in the box, we will change your home address in our records to the address on this form.
- ITEM D Print the telephone number of the recipient named in Item A.
- ITEM E Show the type of account and the deposit account number for the account in which the payment is to be deposited. If you do not know your account number, it may be obtained from your financial institution.
- ITEM F The recipient or person designated in Item A must sign and date this form.

### SECTION II

**Items G, H, I, and J, are to be completed for survivor accounts, beneficiary accounts, and accounts handled by guardians, power of attorney, etc.**

- ITEM G Print the name of the member who actually worked and contributed to the Kentucky Teachers' Retirement System (KTRS).
- ITEM H Print the Social Security Number of the member who actually worked and contributed to KTRS.
- ITEM I Print the name of the surviving parent, guardian, power of attorney, etc.
- ITEM J Print the telephone number of the person named in Item I.

### SECTION III

After completing the Section I (& Section II if necessary), you will need to **take this form to your financial institution for completion of Section III**. Keep a copy for yourself and forward the original copy to KTRS.

### NOTICE:

**IT MAY TAKE APPROXIMATELY TWO (2) MONTHS FOR YOUR MONTHLY RETIREMENT ANNUITY TO BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT AFTER KTRS HAS RECEIVED THIS FORM**